√ U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number . U - 205. 5	2. Fiscal Year Covered From:
	70 / 2009 Through: 70 / 30 / 2009
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name CHARUST & H ROGIUSICH JR.	Name OHIO ASSOCITION OF PUBLIC SCHOOL PAR
	Labor Organization File Number 513.8681
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6805 OHK CREK DR	Street 6865 CHU CREW DR IN
City Con UMBUC	City Courses
State Charles ZIP Code + 4 4 3229	State ZIP Code + 4 43229
5. Posítion in labor organization.	Resilvation of the second of t
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	では、または、いいというできた。 はいいい はいかん できる Ball		
	7.b. Amount.		
Street Street			
City City Control of the C			
State Zip Code + 4 UZ Zip Code + 4 UZ			
Street City City	7.b. Amount.		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

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11-44-2890-4770 133

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. 8. Name and address of Business (including trade name, if any). Name Ruckess (including trade name, if any). Trade Name, if any. P.O. Box, Bldg., Room No., if any Street Rosens Science S	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing Provides—Legal—Services XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	er parts A and B above)	